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Technical Service Associates and Company Compa 19 February 1998 6022 West 86th Street

Overland Park, KS 66207 (913) 649-2746

Office of the Secretary Federal Communications Commission Washington, DC 20554

Subject: In the Matter of:

Replacement of part 90 by Part 88 to) Revise the Private Land Mobile Radio) Service and Modify the Policies)

Governing Them

PR Docket

No. 92-235

Comments to Proposed Rule Making

The following comments pertain to Hospital use of Two-way radio and radio paging and are based upon my 25 years of experience in day to day hospital communicationd and emergency radio operations in connection with multiple and mass casualty incidents in the Greater Kansas City area involving over 35 hospitals and the Basic Life Support and Emergency Medical Service Providers, such as Med-America Regional Council Emergency Rescue (MARCER) which provides radio communications for Advance Life Support ambulance services and agencies in the nine counties, all or parts of which are considered in the Greater Kansas City region, and the Metropolitan Ambulance Services Trust (MAST) which serves Kansas City, Missouri.

I support the principle of additional frequency channels by the technical and operational methods described in the proposed rule making, with the exceptions listed below.

Due to the critical nature of hospital radio communications, it is my belief that hospitals should be re-classified to the Emergency Medical Radio Service because these communications are directly related to life support, patient and public safety.

In the Greater Kansas City area, hospitals currently have to compete with the great proliferation of school bus operators and others and are limited in the Special Emergency frequencies which can be licensed.

The use of and need for radio communications in hospital operations has grown in the past years and is on the threshold of even greater

expansion with the utilization of newer technologies. This expansion has been stymied by the lack of licensable frequencies.

The current Special Emergency paging frequencies of 152.0075 MHz, 157.450 MHz and 163.250 MHz are all in use in this area and additional paging frequencies are needed as the use of radio paging in hospitals will increase dramatically when frequencies become available.

For years all hospital to hospital radio communication and communication between Basic Life Support ambulance services and hospitals in the Kansas City area has been conducted on 155.340 MHz. Additional frequencies are needed in order to separate this traffic geographically, because one ambulance calling a hospital will tie up the entire communications net, and during emergency operations it limits the vital transmissions to the Advanced Life Support mission of transportation and treatment of critically injured persons.

To improve the communications between hospital to hospital and hospital to Emergency Service Providers, an additional frequency pair is needed to support computerized data collections from hospitals showing their emergency treatment capabilities on an ongoing basis. This service will facilitate the transport of victims to the hospital which is best equipped to care for them with out the need for re-transport due to Emergency Department overload or lack of proper treatment capability at the time of need.

Your consideration of the above comments will benefit all metropolitan hospitals and greatly contribute to more effective patient care and better treatment outcomes.

Sincerely,

George H. Jønes

Principal /